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Vol. 16, Issue 26

In this issue...

News

Code-C assignment opportunities expand
 2006 ENA Annual Conference held in SA
 59th MDOS welcomes new commander
 Wilford Hall surgeon wins AFA award
 Staff parking in patient's parking lots: ignorance or arrogance?
 Future AFMS members train at WHMC
 Pediatric dental patients needed
 Services change in WHMC Pediatric Clinic
 Airmen ensure blood flows forward
 Questions you always wanted to ask about Force Shaping

Action Line

Care exceeds expectations
 "Thank you" from mom

Commentary

Celebrating the 2nd of July?

Features

'Boots of War' poster on display
 Coordinator manages largest internal medicine residency program in DOD

Bulletin Board



Cadets train for future in AFMS

Cadet 1st Class Alicia Weott, Nurse Orientation Program student, checks the vital signs of retired Chief Master Sgt. Paul Hurd. Cadet Weott, an ROTC cadet from Montana State, is part of a four-week Operation Air Force program where she is able to learn basic operations of an Air Force Medical facility.
Photo by 2nd Lt. David Herndon

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Code-C assignment opportunities expand

WASHINGTON -- Some previously restricted Airmen now may be assigned permanently or on temporary duty to any stateside base with a medical facility or to certain overseas bases with a medical facility because of recent changes to Air Force Instruction 41-210, "Patient Administration Functions," and the initiation of a Stratified Assignment Limitation Code C.

Airmen diagnosed with medical conditions that are potentially disqualifying from continued military service undergo a medical evaluation board. Many are not discharged, but are returned to duty with an Assignment Limitation Code-C, or ALC-C. The code is issued by the Air Force Personnel Center's Medical Standards Branch in the Medical Service Officer Management Division.

This code restricts permanent and TDY assignments to areas where appropriate medical care is available to the member. The intent of the ALC-C is to protect members from being placed in an environment where adequate medical care is not available.

Under the Stratified Assignment Limitation Code C program, Airmen placed on Code C restriction now fall into one of three stratification levels:

C1: Airmen permanently and TDY assignment-eligible to global Department of Defense installations with medical treatment facilities. Generally, approvals are for conditions that are stable and found as a result of a medical review and not likely to worsen suddenly.

C2: Airmen permanently and TDY assignment-eligible to CONUS installations. They could also be deployable or assignable to overseas bases or non-fixed facilities if appropriate care is available. This is generally approved for temporary or mild conditions requiring follow-up but clinically inactive and managed without frequent visits or unique medication regimen or prescriptions.

C3: Airmen who are TDY non-deployable and assignment-limited to a specific installation based on medical need and availability of care. Approval authority is the Medical Standards Branch. The member's commander may request waivers to send a member on deployment or permanent assignment in support of unit operations.

"Airmen with certain conditions, such as mild asthma, may now be eligible for permanent or TDY assignments to locations never before possible," said Lt. Col. (Dr.) Lane Wall, Air Force Medical Operations Agency in Washington, D.C.

Asthma accounts for the highest number of Airmen restricted from assignments.

"Roughly 2,000 Airmen with asthma could be affected by the change," Colonel Wall said. "These Airmen with asthma may deploy to places such as Germany and Japan."

Assignment or deployment to these locations will depend on the availability of primary care physicians to

manage the disease-associated routine medication issues, and assurance that additional care is available should the Airman's condition worsen.

"All Airmen going through the medical review process will be assigned using the new stratification levels," Colonel Wall said. "Airmen who are already on Code C will be assigned the new stratification levels during their next scheduled update or when they're selected for a permanent or TDY deployment assignment."

For more information, refer to Air Force Instruction 41-210.

Call to military nurses

2006 ENA Annual Conference held in San Antonio

By Army Maj. Louis Stout
U.S. Army Nurse Corps

The 2006 Emergency Nurses Association Annual Conference will be in San Antonio this year. Army Maj. Louis Stout, the uniformed representative to the ENA, extends a personal invitation all military nurses to attend this year's conference. Conference details and applications are available through the ENA's Web site at www.ena.org.



There will also be a Uniformed Services Special Interest Group meeting held from noon to 1 p.m. Sept. 14 at the Henry B. Gonzalez Convention Center to discuss current issues that are affecting the military nursing care of all the services. Conference attendees are highly encouraged to attend the meeting.

"This is a tremendous opportunity to showcase the professionalism and dedication of all military nurses, those in uniform and Department of Defense civilians," said Major Stout. "With two military Level I trauma centers in San Antonio and the move to bring military medicine more closely aligned, the United States military should have a significant representation."

At the 2006 ENA Annual Conference nurses can participate in a wide variety of clinical sessions that address circumstances which they may encounter. A few sessions include: Huffing and Puffing, Inhalant Abuse; Avian Flu; Tattoos, Tongues, Trauma and Teenagers, Body Piercing and Modification and Critical Diagnosis in the Pediatric Patient. A complete list of sessions and a conference schedule are available at the ENA Web site listed above.

"The conference is not only a great place to learn, it is also a great way to network with members of all the services," added Major Stout. "The conference is an opportunity to be inspired and have fun!"

59th MDOS welcomes new commander

Rank/Name: Col. Gerald Wayne Talcott

Date assumed command: Wednesday

Previous assignment: Community Behavioral Health Division chief, Air Force Medical Operations Agency, Office of the Surgeon General

Time in service: 23 years

Family: Wife, Lisa, and sons, Matthew and Jon

Hobbies: Reading, family and new grandson, Lafe

Why the squadron is important to the Air Force mission:

The 59th Medical Operations Squadron is responsible for all personnel actions, program development and policy implementation for patient care at the largest mental health and neurology departments in the Air Force. The squadron oversees psychological screening, evaluation and treatment of up to 40,000 basic trainees annually; ensures optimal healthcare for more than 165,000 outpatient visits and 1,300 inpatient admissions annually; manages military and civilian personnel in more than 16 clinical services and three residency training programs; and ensures mental health readiness to support worldwide mobility taskings.

Command philosophy: Servant leader

Goals for new position: Continue a history of excellence in patient care, training, education, research and mission readiness.

This is, and will remain, the single best behavioral healthcare unit in the Air Force, Department of Defense, and arguably the best in the country.



Col. Gerald Talcott

Wilford Hall surgeon wins AFA award

By Sue Campbell

59th Medical Wing Public Affairs

Col. (Dr.) David L. Smith, 859th Surgical Operations Squadron commander, was chosen to receive the 2006 Air Force Association Paul W. Myers Award. This is the third consecutive year that a 59th Medical Wing physician was selected for this award.

The annual award is designed to recognize superior performance and leadership potential of an Air Force Medical Service physician in the field. Colonel Smith's accomplishments as the deputy commander and trauma chief at the Air Force Theater Hospital, Balad Air Base, Iraq, from January to May 2005



were major contributors to his selection for this honor.

While in Balad, Colonel Smith was responsible for all surgical/injured patients admitted to the AFTH intensive care units, wards and operating rooms.

Col. (Dr.) David Smith checks on a patient in the Wilford Hall Medical Center surgical intensive care unit. He was selected to receive the Air Force Association Paul W. Myers Award for Air Force Medical Corps Officers who have made the most significant contributions to the continued good health of the men and women of the Air Force. *Photo by Sue Campbell*

Colonel Smith led 420 U.S. and Australian medics who cared for 1,248 casualties and performed 1,150 operations with no unexpected deaths. He led the hospital during eight mass casualty events, allocating scarce resources for each patient and ensuring 100 percent survival.

Colonel Smith assumed his current position at Wilford Hall Medical Center on May 23. The 859th MSGS provides general and sub-specialty surgical care, surgical clinics and two inpatient surgical wards in support of the Air Force's only Level I trauma center. Each year the squadron executes a \$6 million budget; performs 9,000 procedures, 134,000 clinic visits and 3,800 admissions; trains 100 residents and delivers about 30 humanitarian missions. The squadron supports 219 expeditionary positions, including the Air Force premier mobile field surgical teams.

Colonel Smith will receive the Paul W. Myers Award at an AFA ceremony on Sept. 25 in Washington.

"It is humbling and truly an honor to be considered and then win this award," said Colonel Smith. "There are plenty of folks at Wilford Hall who could have easily won but don't get the recognition for the good work they do every day."

Staff parking in patient's parking lots: ignorance or arrogance?

By Col. Marc Sager
59th Medical Wing Administrator

The temperature this week is expected to reach 97 degrees. For those of us who have been assigned to south Texas for a while, we know this will continue for many more months.

So, what does temperature have to do with parking? There are a number of staff who park in the patient parking lots A and C (see graphic). There are signs by those lots that say, "Patient Parking." This issue of staff/patient parking lots is briefed at all newcomers orientations (staff lots are B and D and satellite lots). But, more fundamentally, it should be a sense of "integrity first" and a view that our patients are our top priority.

When staff park in the patient lots, it sends a very clear message that they are not the focus of our existence. Patients are very aware of staff that choose to park in those lots. When a young mother with two kids and a stroller has to walk in from the satellite parking lot because patient spots have been taken up by staff, it should bother us all. When an 80-year-old retiree has to hike in from the back lot in 100 degree heat while a 25-year-old Captain is parked in the second row of the patient lot, it should concern us all.

Parking is a scarce commodity around here. It will not change over the next few years. We do our best to

provide carts to shuttle patients in from the lots, but these are subject to the availability of volunteer drivers, not paid staff. We don't have enough carts or drivers, and many patients get too hot waiting, so they start the trek on their own.

We now are going through our large summer staff turnover and a new group of residents. While they will all be briefed on the location and requirement to park in the staff lots, it is what they see, rather than what they hear, that will dictate their actions.

There is often a question on who is authorized to park in patient lots. Obviously, patients are our first priority, but volunteers can also park there. All others; active duty staff, civilian employees, contractor staff and vendors must use the staff lots.

If you have any questions regarding parking policies, contact Mr. Rich Anaya in Facilities Management at 2-7171.

So now that we've addressed the "ignorance" option, if we find you parked in the patient lot, there can only be one conclusion.



Commander's Action Line

I want to keep lines of communication open within our wing and for our patients and other partners. Please call the Action Line at 2-4567 with your suggestions, comments or questions about the way we do business, or send an email to 59MDW.PA@lackland.af.mil. Of course, you should always try to resolve problems first at the lowest level possible. If you leave your name, telephone number and a detailed message, you will receive a personal response to questions or complaints. A good source of information about various Air Force issues is "Air Force One Source," an information service provided in partnership with the Family Support Center. Call toll free 1-800-707-5784 24 hours a day, or access their Web site at www.airforceonesource.com.



*Brig. Gen. David Young
59th Medical Wing commander*

Care exceeds expectations

Comment:

I am a retired military spouse (Army) and I have never filled out a comment card after more than 28 years in the military health care system. However, I am compelled to write you regarding an outstanding provider at Wilford Hall Medical Center. Maj. Darryl Hodson (Dermatology Clinic) is the most caring provider I have ever met. I have a stubborn skin condition which he has been treating. After my treatments, if I was unsure it was healing right or had 101 questions, he always took the time to explain in great detail the procedures, medications, etc. In my travels to various duty stations and base hospitals, it has frequently been my experience that my appointments are very rushed and my questions are half answered, if the doctor is even listening. I have been seen at WHMC by exceptionally caring Air Force staff, including Maj. Manuel Lopez in the Ear, Nose and Throat Clinic. The standard of care exceeds my expectations. The Air Force core values are highly exemplified by Major Hodson and Major Lopez. I am glad to know "Aim High" applies at WHMC.

Response:

Thank you for writing. We are very fortunate to have Major Hodson and Major Lopez on our Wilford Hall team. Major Hodson joined our joint faculty after graduating from the dermatology program at the University of Michigan and has been a top-notch clinical leader and educator from the start. Major Lopez joined the Department of Otolaryngology after completing his ENT residency training at the University of Cincinnati and a Facial Plastics Fellowship at the University of Illinois. His surgical skills, teaching abilities and bedside manner have been a true asset to the ENT Clinic.

"Thank you" from mom

Comment:

I just wanted to let someone know how much I appreciate the care my daughter has received at your OB/GYN clinic. She went in for an annual pap and had some results that needed attention. We received phone calls at home along with a certified letter. She has had a biopsy done and the

clinic called her to follow-up. My daughter was so impressed by the care she is receiving that she called me to let me know how much she appreciated it. I just wanted to say a big "Thank you" to the OB/GYN clinic and to the care that your staff has given us.

Response:

Thank you for writing. Our Obstetrics/Gynecology Clinic is very fortunate to have Maj. Felicia Lauten, Patti Dale, Tina Angel and Inella Cowart on their team. They were all involved with your daughter's treatment and they each take pride in providing the best patient care possible. I'm glad to hear they're doing such a great job and hope your daughter is well.

Future AFMS members train at WHMC



Cadet 1st Class Bryan Lawson, a participant in the Cadet Summer Research Program, looks at a cell culture through an inverted microscope with Lt. Col. Marla Dejong, 59th Clinical Research Squadron director of nursing research, at Wilford Hall Medical Center. Cadet Lawson is a biochemistry major at the Air Force Academy. *Photo by 2nd Lt. David Herndon*

By 2nd Lt. David Herndon
59th Medical Wing Public Affairs

For many college students, summers consist of packing away endless amounts of textbooks, migrating home and heading to a dull, low-paying job or internship.

For several United States Air Force Academy and Reserve Officer Training Corps cadets, experiencing trauma in an emergency room, followed by a high-altitude F-16 incentive ride and performing ground-breaking research at a clinical research squadron is all in a normal day's work

More than 20 cadets from the two officer commissioning sources were selected among their



Staff Sgt. Christopher Wright, 959th Surgical Operations Squadron medical technician, walks Cadet 1st Class Alicia Weott, Nurse Orientation Program student, through proper needle injection

peers to participate in this year's summer orientation programs on site at Wilford Hall Medical Center.

The Air Force Academy's Cadet Summer Research Program is a four- to six-week program with an emphasis on medical research that targets Academy cadets who are likely to study medicine after graduation.

CSRP was established through an Academy faculty member, and the office of the Surgeon General brought about financial commitment, commented Dr. Margaret Rakowsky, USAFA professor and CSRP representative for the Department of Chemistry.

CSRP participants work on various scientific research projects throughout the United States.

"In our discipline I have found that the cadets who have participated are generally better prepared for the Advance Laboratory Techniques course that I teach during the spring semester to our seniors," said Dr. Rakowsky.

"I am currently in the process of applying to medical school and I knew that this experience would be a great look at the life and careers of both clinical and research physicians," said Cadet 1st Class Bryan Lawson, a biochemistry major at the Academy.

Like the other cadets chosen for CSRP, Cadet Lawson, a native of Warner Robins, Ga., ranks in the top of his very competitive Air Force Academy senior class. According to program standards, participation is limited to cadets who have a grade point average of 3.0 and military performance average of 2.8 respectively.

At the end of CSRP cadets are tasked to do various presentations for their respective education departments about their research done at CSRP site locations. Cadet Lawson plans to focus on cerebral perfusion studies previously done at Wilford Hall's 59th Clinical Research Squadron.

"The program has shown me all of the aspects of the medical career field, from research to clinical work. I believe that my passion to become a physician has increased due to my experience at Wilford Hall," said Cadet Lawson.

Cadet Lawson and other Academy cadets are not the only cadets who have benefited from summer programs being held at Wilford Hall. ROTC cadets enrolled in the Operation Air Force: Nurse Orientation Program echoed the words of Cadet Lawson.

"I wanted to know what to expect from the Air Force. I feel 100 percent more confident than when I arrived," said Alicia Weott, ROTC cadet from Montana State University.

The OAF program is a training program for Aero Space 300 & 400 cadets, typically juniors and seniors, from various university ROTC detachments. OAF consists of three weeks of hand-on training at various

procedures at Wilford Hall Medical Center. Cadet Weott, an ROTC cadet from Montana State, is part of a four-week Operation Air Force experience where she is able to learn basic operations of an Air Force Medical facility. *Photo by 2nd Lt. David Herndon*



Cadet 1st Class Michelle Bonneau, Cadet Summer Research Program student, adds buffer to a protein fractionation system at Wilford Hall Medical Center. Cadet Bonneau, an Air Force Academy cadet, learns that the system separates proteins and is the first step for protein identification. *Photo by 2nd Lt. David Herndon*

Air Force installations throughout the United States and overseas. It allows cadets to gain a general orientation of the Air Force and shadow junior officers in various career fields.

The Nurse Orientation Program, which falls under OAF, allows nursing cadets to receive training over a four-week period and is designed to serve as an internship in an active duty Air Force hospital. The purpose of this program is to give future Air Force officers a chance to obtain clinical experiences while shadowing a registered nurse.

“It’s motivational being here. You get a perspective of what your future is to be,” said Angela Smith, ROTC cadet from the University of Portland. “Staying at the visiting officer’s quarters, getting to understand the basics with base protocol, I’ve enjoyed it.”

Cadets from both programs were able to sample day-to-day Air Force operations and venture outside of Wilford Hall. ROTC cadets got to run through a confidence course, meet the Air Force chief of staff and tour historic sites of San Antonio and academy cadets were able to shadow Air Force doctors performing surgeries at Santa Rosa Hospital and receive incentive rides in F-16s with 149th Fighter Wing pilots.

For Cadet Weott, who finds great interest in critical-care nursing, these activities along with NOP experiences helped shape her NOP continuity folder. Each ROTC cadet was tasked to complete a folder for use as an informative tool about the Air Force Medical Service at their detachments.

Wilford Hall is the only Level I trauma center in the Air Force and cadets were able to experience the 59th Medical Wing’s complete spectrum of medical care. A typical month at the wing includes 58,491 outpatient and 1,670 inpatient hospital visits.

“One of the goals is to expose nursing cadets to as many Air Force nursing opportunities as possible before they commission,” said 1st Lt. Heather Ortiz, 859th Medical Operations Squadron inpatient pediatric nurse and NOP advisor. “These cadets have been motivated to learn and, most importantly, are taking back the nursing commissioning process.”

“They have learned to work independently and are better problem solvers. For some cadets the CSRP experience helps them decide what career path they wish to pursue when graduating from the Academy,” said Dr. Rakowsky.

Pediatric dental patients needed

The Pediatric Dental Department at Lackland Air Force Base provides drop-in dental screenings as part of their pediatric dental training program. Dental screenings will be available for all eligible military medical beneficiaries under the age of 13 from 8 to 11 a.m. July 12 at the Lackland Sky Lark Community Center, Bldg. 6576.

Screenings will be done in the Longhorn Room on the first floor. No appointment is necessary. Children will receive a dental screening exam, an opinion on your child's dental condition and appropriate treatment recommendations or alternatives.



Parents should bring a copy of their child's treatment plan, or referral letter from their private dentist.

Contact Col. John Embry at 2-3327 or Staff Sgt. Monica Williams at 2-4072 for more information.

Col. (Dr.) Jeffery Mabry (right) hands 2-year-old Tryston Bellon a toy after his dental exam at the Skylark Community Center at Lackland Air Force Base, Texas, May 10. The pediatric dental department at Lackland provides drop-in dental screenings as part of their pediatric dental training program. Colonel Mabry was the director of pediatric dentistry with the 59th Dental Squadron. That position is now held by Col. John Embry. *Photo by Robbin Cresswell*

Services change in WHMC Pediatric Clinic



Isabella Vazquez (left) and her sister Athena (right) watch their mother, Yolanda, take a number in the pediatric clinic waiting room. The number system allows individuals to sit in comfort until their numbers are called, rather than standing in line. The girls' father is Sergeant Hector Vazquez from the 314th Military Intelligence Battalion. *Photo by Sue Campbell*

By Staff Sgt. Philip Ray
859th Medical Operations Squadron

The Wilford Hall Pediatric Clinic number system is back. Patients who have a scheduled appointment will now pull a number from the ticket generator upon entering the clinic. Once the patient has taken a number, they should have a seat until their number is called. When called, patients should report to the appropriate window for check-in.

Anyone who comes to the clinic for anything other than a scheduled appointment should report to window number four upon entering the clinic. This window has taken the place of the nurse's station.

The Pediatric Clinic will continue to provide services such as the walk-in throat culture clinic, assistance with medication refills and school forms.

The clinic also has a dedicated advice nurse line manned by a registered nurse. This is not an appointment line, but an advice service to assist beneficiaries with any questions or concerns they may have regarding their child's health or symptoms.

The nurse will help determine if home care is appropriate or if the child needs to be seen by a physician. The hours of service are 7:30 a.m. to 4 p.m. Monday through Friday on regular duty days. The number to call is 2-6984. Callers will leave the sponsor's Social Security number, child's name, nature of the call, and a good call-back number. The nurse will make every effort to return the call in one hour. If a call-

back has not been received in one hour, please call again.

Celebrating the 2nd of July?

Commentary by Steve Larsen

22nd Air Refueling Wing historian

MCCONNELL AIR FORCE BASE, Kan. -- "The second day of July 1776, will be the most memorable epochal in the history of America. I am apt to believe that it will be celebrated by succeeding generations as the great anniversary festival. You will think me transported with enthusiasm but I am not. I am well aware of the toil and blood and treasure, that it will cost us to maintain this declaration, and support and defend these states. Yet through all the gloom I can see the rays of ravishing light and glory. I can see that the end is more than worth all the means."

When John Adams penned these words to his wife, Abigail, on July 3, 1776, he did not realize that the "succeeding generations" of his fellow citizens would actually celebrate July 4 as the day of national independence. He was sure they would remember the day the Congress passed Richard Henry Lee's resolution for independence rather than the one on which Congress adopted the declaration.

Pause to reflect on the Declaration of Independence and consider what the document represented to the men who wrote it.

For them, the issue itself was the need for self-determination. These founders were no longer British, but distinctly American. The time had arrived to chart a separate course as, "free and independent states." To them, in a word, the document represented liberty.

Most Americans can call to mind one or two phrases or sentences from the document, such as, 'all men are created equal,' or, 'life, liberty, and the pursuit of happiness.' The parchment goes further than the occasional poetic turn of phrase.

Within the document's 1,322 words, the declaration makes nine specific references to freedom, independence and liberty, and lists 27 separate grievances. Each grievance represented in the view of the Continental Congress, an arbitrary, and in many respects, maleficent application of power that limited the liberty of Americans.

The document rebuked the king and parliament for acts, legislation or deeds executed without any form of debate, consultation or consent of those governed. The declaration was, therefore, a direct response on the part of Congress to inform Great Britain that America must be independent and listed the reasoning as to why.

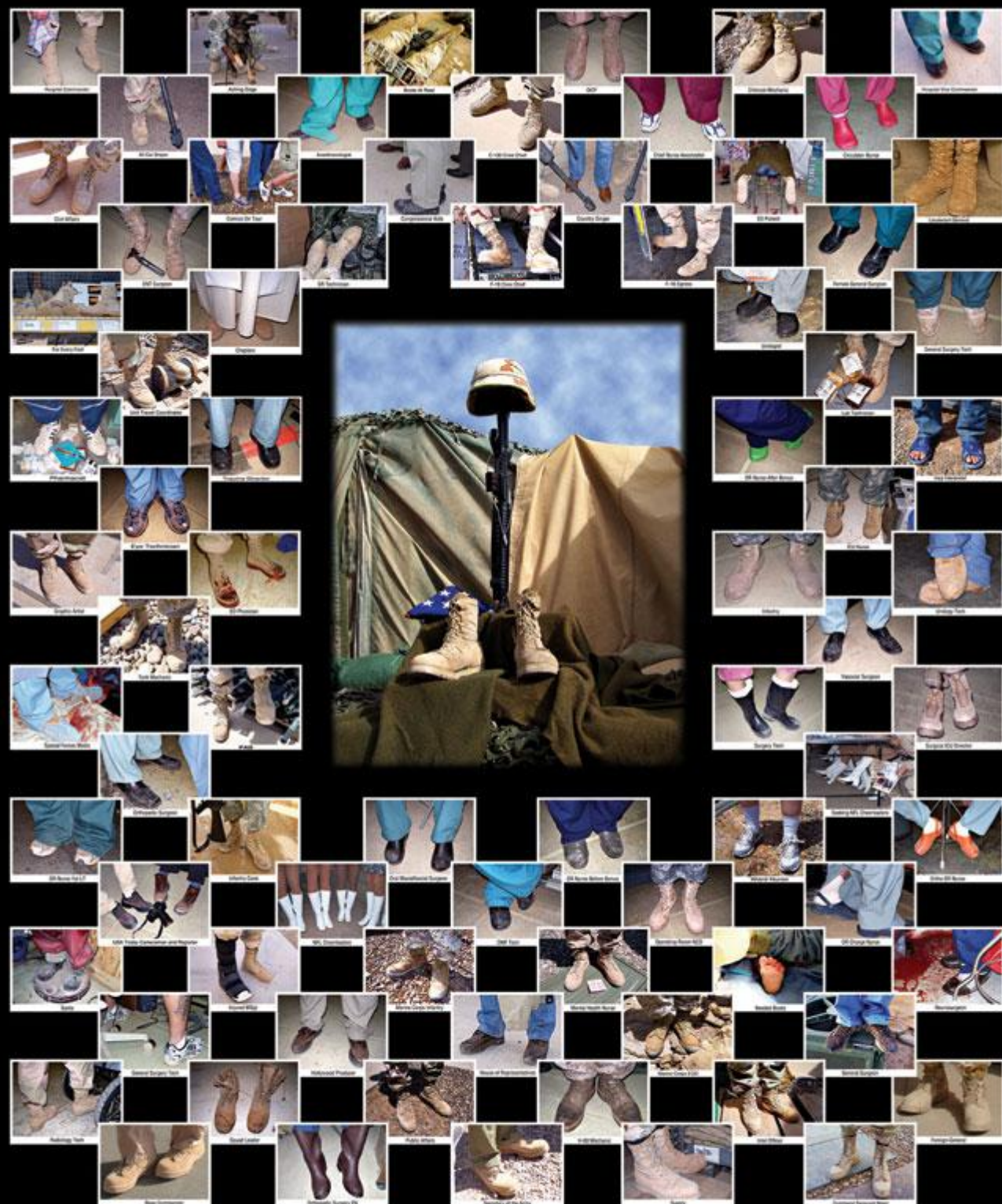
In their view, King George III was a tyrant and, as such, "unfit to be the ruler of a free people."

This desire for liberty and the "toil, blood and treasure" it would cost was not held just by those ensconced in Independence Hall. Those in the field, the soldiers, would be the very people who contributed the "toil and blood." Their commander certainly understood this.

When George Washington received word of Congress' action on July 9 he ordered several brigades to be drawn up to hear the declaration of Congress.

In words that clearly illustrated his understanding of the magnitude of the declaration, he also stated, "The general hopes this important event will serve as a fresh incentive to every officer and soldier, to act with fidelity and courage, as knowing that now the peace and safety of his country depends (under God) solely on the success of our arms..."

Today's military carries the heritage and history of the Continental Army. Every day, Airmen serving somewhere in the world are engaged in their own struggle. They are the group now charged "to act with fidelity and courage," to maintain the foundational principles of what is the United States -- personal liberty and right to self-determination.



BOOTS OF WAR

OPERATION IRAQI FREEDOM

Photo Essay by Jay T Bishoff LtCol, USAF, MC
Graphic Artist, A1C Tung Trinh

‘Boots of War’ poster on display

Pictures symbolic of Iraqi conflict, medical involvement

Essay By Lt. Col. (Dr.) Jay T. Bishoff

859th Surgical Operations Squadron

I don't remember exactly where I saw the picture, but I remember seeing it just before deploying to Balad Air Base, Iraq, with the 332nd Expeditionary Medical Group in support of Operation Iraqi Freedom. I believe it was in a magazine showing the year 2005 in review. There were pictures of hurricanes, tornados, tsunami disasters and then there was a photo of a fallen soldier's boots, sitting on a simple wood platform, with dog tags hanging motionless from the ammo clip.

The soldier's M-16 stood tall in the back, supporting a helmet that would no longer be needed. An American flag was on the stand, folded neatly in a triangle and placed on the right side of the M-16 and on the left side, a Purple Heart medal. No title was given and no explanation needed.

Before I could reel in my imagination, my mind wandered to a home somewhere in the U.S., where a little boy looked through his house, searching for his father, a young soldier with strong, conditioned arms that, in the past, lifted the boy high in the sky when he came home from work.

My mind moved away from those images and, for a few minutes I looked at the details in the picture. My thoughts wandered again, this time to the realization that the fallen soldier's boots could be my boots or the boots of anyone of us sent here in support of Operation Iraqi Freedom. All who are deployed are one sniper's bullet, improvised explosive device, or mortar away from being that fallen soldier with boots on the battlefield cross's platform.

Within a week of seeing the picture of the fallen soldier's boots, I was in Iraq as the Urologist for the 9/10 Air Expeditionary Force rotation at the 332nd EMDG hospital in Balad. On one of my first days there, I met the vascular surgeon, a quiet, intelligent and humorous person, who was wearing black wing tip dress shoes in the operating room. I suggested that his real OR shoes were in the mail and would be a welcome change once they arrived. He looked at me as though all good surgeons wore wing tip dress shoes in the OR and, for a second, I was insecure about wearing my new rubber clogs, purchased specifically for this deployment. I thought they were much better suited for mucking around in blood, body fluids and the like in the OR than dress shoes made for church and courts of law.

I saw another surgeon who chose well-seasoned, blood-soaked running shoes brought from home. A nurse had boots with the soles worn off, but secured with layers of duct tape.

My encounter with interesting footwear was not limited to the OR. In the clinic during the first week of my deployment, I met a young Marine who had been in the country for 11 months. He came by helicopter from a far away Forward Operating Base to see me for what turned out to be a minor problem with an easy cure.

During his examination I noticed that his boots were very worn. Wanting to be helpful, I insisted upon writing a letter giving him permission to pick up a new pair of boots from supply while he was in Balad.

“No, thank you, Sir,” he replied. “These are my lucky boots.”

He explained that the boots on his feet, with the soles worn to the point of lacking any tread at all and sporting a single bullet track across the toe of his right foot (exposing the metal plate beneath the leather

surface), were his lucky boots. He went on to give a detailed description of different events during the 11 months of his deployment where he had survived nine IED attacks, all with significant vehicle damage, and seven small arms fire fights. On one occasion, when he had not been wearing those boots, two of the members of his squad died in an IED blast. Since then, he had worn his lucky boots everyday and, while they still experienced attacks and IED blasts, neither he nor any members of his unit had perished. The reason was clearly due to the magic of those boots.

“Sir,” he went on to explain, “I have three other pairs of boots, but we are all better off if I just wear these.”

Well, of course I agreed and stopped typing the letter to supply.

At that time, I was not in the habit of bothering people to shoot pictures of their boots, so I never did get a shot of the “lucky boots.” But, those boots and the fallen soldier’s boots became the thrust behind a project. I started thinking about the footwear in Iraq carrying so many different people, from so many different backgrounds, doing so many different jobs.

There are many different professions required to fight this war and different footwear to support the men and women in harm’s way. To use a tired saying, most of us are here to support those at the “tip of the spear.” That is the tip of the spear thrust into the side of Iraq, in an attempt to heal her from tyranny and protect us from terrorism. I consider medical support to be located along the shaft of the spear, somewhere towards the front, but certainly not the tip of the spear. So, the fighters of the war and the supporters of the war became the focus of this essay.

I designed a poster that displays 79 pairs of footwear surrounding one empty pair of boots, that of the dead soldier. There is nothing symbolic about the number of photos. That is the number that seemed to fit the best. The images are somewhat randomly placed, sort of like Polaroid photos taken during the war that you might label for future reference and share with some friends who came over to your house to welcome you home from war.

I had an image of a group sitting at the kitchen table talking about war stories and showing the pictures, laying them out one at a time so all could see. Each picture represents one of the different professions needed to support the warriors. Each photo has a white border symbolic of the physical, psychological and spiritual boundaries we all place between us and those around us, even those very close to us. The fallen soldier has no need for those boundaries, so has no border and the edges fade from color into the black background, just as his or her life passed during the conflict.

Almost all of the different squadrons or organizations at Balad Air Base are represented on the poster. There is a heavy emphasis on the medical side of war, in part because this is my world and also because for many fallen soldiers, we are the last ones to deliver immediate support and the last chance to prevent the image of the fallen soldier from becoming reality.

Despite all of the support offered in war, there are fallen soldiers. In this case, despite the efforts of a lot of people (in fact, 79 different people), the soldier has indeed fallen and, in a sense, we are all affected by the failure of our best efforts to prevent the death of a comrade.

There is symbolism represented by many of the images, but I won’t ruin the chance for your own imagination to interpret them, by telling you what each of them mean to me. Nevertheless, I’d like to explain several. The fallen soldier’s boots rest on two military wool blankets, taken off the shelf in the hospital. Most of the OR nurses insist on one blanket being on the bottom of the North Atlantic Treaty Organization cot (used to take them from the OR to the recovery unit or the intensive care unit), and another on the top, symbolic of the concern for suffering and the sincere desire of the medical staff to offer

warmth and comfort to all injured soldiers. The flag is folded in a triangle with a small amount of red showing, which is imperfect and reflects the many small imperfections of war, as well as the frequent loss of life-sustaining blood seen in the hospital. Sand bags surround and support the platform as part of the protection offered many soldiers on the battlefield. The chain holds the dog tags and a special reminder of home and faith, recognized as significant only by the owner. Finally, the center stands between two tents, one old and one new. We were told by Secretary of Defense Donald H. Rumsfeld, "We go to war with the equipment we have." The new and old tents represent the fact that while we were trying to get new and better equipment, many soldiers suffered loss of limb and life.

Among the supporting images is a photo of a nurse's old OR boots, held together with duct tape and worn soles before her combat bonus, and a second of the same nurse with new shoes ordered a month later after she started receiving combat pay. This is symbolic of the changes and improvements that can occur in our lives during deployment. That particular nurse lost 45 pounds during deployment through diet and exercise. Many others lost weight, saved money, got physically stronger, worked on relationships, smoothed out personality quirks or took pictures of boots. But, the idea here was that self-improvement is an ongoing process, a need of the human spirit that is not deterred by an environment of destruction.

The child's burnt feet, titled "Needed Boots," are the feet of a beautiful Iraqi girl who stepped in the family cooking fire and was rushed to our hospital. When the provider tried to administer general anesthesia, she tried to bite him in an effort to protect herself from something she feared. A skilled plastic surgeon helped treat her, giving her the best care she could get anywhere in the world. The image of the painful burns on her toes is symbolic of the great price many children have paid during this conflict. Many schools throughout the country are closed, used and looted by insurgents, Iraqi military and police. Many Iraqi children suffer the pain of missing mothers or fathers who are dead. Many children have been injured by gunshot wounds and IED blasts, unable to be protected by a peaceful nation and solid government, similar to the little girl's feet that were unprotected by something as simple as boots, readily available back in our country, but not here.

Like any strong military organization, strong leadership supports the corners, for us at the hospital at the base levels. Congress and civilian Department of Defense leaders are represented, since they are also leaders responsible for our presence here. They are included to remind our political leaders what it means to commit troops to war.

This is probably far more than anyone ever wanted to know about why I would take a bunch of pictures of boots. The essay is not complete and never will be complete, which is symbolic of this conflict and our involvement in Iraq. It is also incomplete because the picture of the "lucky boots" is not included. Even though they will never be seen, every time I find a different pair of boots and think about the essay, I see the "lucky boots" worn by a short, tired, but very capable Marine and hope the "lucky boots" never step onto the fallen soldier's platform.

Editor's Note: The "Boots of War" poster is on currently on display at the Wilford Hall Medical Center main and clinic entrances.

Coordinator manages largest internal medicine residency program in DOD

By Sue Campbell

59th Medical Wing Public Affairs

Terry Cordero single-handedly coordinates the largest residency program in the San Antonio Uniformed Services Health Education Consortium. The program is the largest internal medicine residency program, not combined with another institution, in the Department of Defense, with a total of 54 residents this past year.

Born in Truth or Consequences, N.M., Ms. Cordero began working at Wilford Hall Medical Center almost six years ago as the 759th Medical Operations Squadron secretary. She was promoted into the Residency Program Assistant position in September 2001.

“The most gratifying thing about my job is the people I work with...the program director, associate doctors, chief residents and all the other coordinators. We have a great residency program,” said Ms. Cordero. “I especially enjoy working with the residents. They are very busy, and I am happy to do anything I can to make their work schedule easier. They are always so grateful for the help I give them.”

Her efforts were recognized during the 2006 SAUSHEC graduation ceremony on June 9 where she received the Outstanding Program Coordinator Award.

“Terry Cordero is an amazing program coordinator who is extremely organized, efficient, enthusiastic, and always has a smile,” said Maj. Rechell Rodriguez, associate program director of the SAUSHEC Internal Medicine Residency Training Program. “She truly cares for our residents and is always thinking of ways to further enhance our program. We are truly blessed to have her in our department.”



Terry Cordero looks up from her coordinator binder in the Internal Medicine Residency Program Office. A wife and mother of two sons, her future plans include moving to New Mexico to reunite with family and continuing to work in government positions.

Photo by Maj. Rechell Rodriguez

Airmen ensure blood flows forward

Capt. Scott Corey sorts through the blood units that have arrived at the 379th Expeditionary Medical Group's Expeditionary Blood Transshipment System at a forward operating base in Southwest Asia. The units are arranged in a walk-in refrigerator by expiration date. Each unit of blood is good for roughly 42 days. By the time most blood reaches the location, it is already almost two weeks old. Captain Corey is the U.S. Central Command area joint blood program officer. *Photo by Tech. Sgt. Chuck Marsh*



By Tech. Sgt. Chuck Marsh

U.S. Central Command Air Forces Public Affairs

SOUTHWEST ASIA -- It is the job of the 379th Expeditionary Medical Group's Expeditionary Blood Transshipment System to ensure that lifesaving blood, plasma and cryoprecipitate (the part of the blood that aids in clotting) get from the states to the forward operating bases.

"All blood comes through here and that is mainly due to the airlift capabilities available," said Capt. Scott Corey, U.S. Central Command area joint blood program officer

"Each week, we receive shipments from the Armed Services Whole Blood Processing Laboratory," Captain Corey said. "We break down the pallets, take inventory and distribute the blood and plasma to forward operating locations."

Since 9/11, the EBTS team has handled and shipped more than 76,000 red blood cell units and more than 27,000 fresh frozen plasma units for Soldiers, Sailors, Airmen and Marines in need at forward deployed locations.

Those locations down range include Balad Air Base, Iraq, and Bagram AB, Afghanistan, which receive the blood at pre-positioned blood supply units. They, in turn, redistribute the blood to forward operating bases under their watch. The EBTS troops also resupply southern Iraq, the Horn of Africa and any Navy vessels in the Persian Gulf.

"The people at the EBTS don't get to see the results of their hard work, but I can assure them, as a nurse, they are doing a lot of good," said Maj. Debbie McKittrick, 379th EMDG nurse and volunteer plasma package inspector. "This is a huge deal to patients down range coming in with major injuries, especially amputations."

According to Navy Lt. David Koch, the forward blood program officer for the U.S. Central Command surgeon general, the blood is donated by military members, family members and anyone who can get on a military installation.

"We get boxes full of (blood, plasma and cryoprecipitate)," said Captain Corey who, along with the other four EBTS members, is deployed from Elmendorf Air Force Base, Alaska.

"We receive the pallets and separate them between the frozen plasma and the refrigerated blood," Captain Corey said. "We check the temperatures and ensure they are between the ranges necessary for the product. We also check the plastic covering to ensure there are no breaks or cuts in it. When traveling at roughly -18 degrees Celsius, the plastic gets very brittle and easily breakable. If we miss any breaks and doctors chose that unit and there is a hole, the contents will just run out and they will have wasted about 30 to 45 minutes of the patient's precious time."

Each week, the EBTS people typically receive between 1,200 and 1,800 units from the laboratory. When traveling, the plasma is kept at least at a cool -18 degrees Celsius with the help of dry ice, and the blood hovers at a balmy 1 to 6 degrees Celsius.

Within 24 hours, the blood has been inventoried and is awaiting transport down range, an important turnaround due to the blood's life span of only 42 days.

"I didn't know moving blood was such a high priority," said Airman 1st Class Rachel Castaneda, the logistician of the EBTS. "When I think about it though, I'd rather have a busy day here than not have the blood to send down range to the folks who need it."

When the blood supply gets low, hospitals have two choices. They can take supplies from another base, which is not encouraged, or they can take emergency whole blood donations. At certain bases, there are pre-registered people who are designated when in a pinch and are called to go donate, Captain Corey said.

"The supplies go to taking care of multi-national coalition forces, Iraqi local nationals and even insurgents," Captain Corey said. "There is no discrimination when it comes to who gets the blood."

Editors note: Give the gift of life. The next 59th Medial Wing blood drive will be held from 10 a.m. to 3:30 p.m. July 14 in the hospital atrium. For more information, or to schedule a unit blood drive, contact Ernie Astorga at 2-8145.

Questions you always wanted to ask about Force Shaping

The following articles can answer many of the questions Air Force members may have about current Force Shaping issues. Links to further information are provided in each article for those who would like to know more.

Why we need Force Shaping

The Air Force must transform to guarantee that we will dominate air, space and cyberspace now and into the future. The way we fight wars is changing - it is imperative that we provide warfighting commanders with the right equipment, weapons, technology and Airmen with the right skills and experience to win the wars of today and tomorrow.

For more than 15 years, the Air Force has been becoming a smaller, leaner and more capable force all while engaged in combat operations; and now we are engaged in the long war on terrorism. Force shaping is about balancing resources; having the right number of people in our force saves money and makes us

more efficient.

For the latest information on force shaping, visit www.afpc.randolph.af.mil/retsep/forceshaping/shape.htm

Force Shaping for AF budgetary management

Air Force officials plan to reduce the service's current size by 40,000 full-time equivalent positions by 2011. This amounts to roughly 35,000 active-duty positions.

Air Force officials continuously study the force structure and retention tendencies. By doing this, they can predict to some degree what skills will be needed in recruitment, how many people are recruited in each skill set, and the likelihood of those individuals staying for a longer or shorter career.

The Air Force's expeditionary nature will also impact the personnel authorization reduction decisions. The Air Force analyzes and prioritizes each career field from a perspective of what it takes for each specialty to support the AEF.

For more information, read the Air Force Print News story at <http://www.af.mil/news/story.asp?storyID=123021367>.

Additional voluntary retirements announced for officers

As a result of the Fiscal 2006 National Defense Authorization Act, the Force Shaping Program Phase II additional measures offer voluntary retirements to officers with at least eight years Total Active Federal Commissioned Service and 20 years Total Active Federal Military Service.

The Air Force will waive active duty service commitments (except Aviation Continuation Pay, Judge Advocate Continuation Pay and Critical Skills Retention Bonus) and allow officers meeting these criteria to apply for voluntary retirement on Sept. 1, 2006, or earlier.

If not enough volunteers elect to retire under this force shaping initiative, a Selective Early Retirement Board could convene in 2007.

For more information, read the Air Force Print News story at <http://www.af.mil/news/story.asp?storyID=123021192>.

Reserve offers released lieutenants chance to serve

Air Force lieutenants involuntarily separated as a result of force reductions have until Aug. 1 to join the Air Force Reserve to continue their military careers without a break in service.

Officers not selected for retention can submit Palace Chase applications to join the Air Force Reserve and apply for positions identified in the Reserve Management Vacancy System. Many Reserve vacancies are in the pilot, navigator, special operations, command and control, combat control, space and missile, intelligence and health profession career fields, according to Reserve recruiting officials. Officers can apply for retraining into some of those career fields if they qualify.

Over the next few months, Air Force Reserve in-service recruiters will contact the affected lieutenants to provide opportunities to continue serving as traditional reservists.

For more information, read the Air Force Print News story at <http://www.af.mil/news/story.asp?storyID=123020913>.

Bulletin Board

Deployed Spouses Support Group Picnic

Wing members are encouraged to ensure spouses of deployed personnel receive this information. The Family Support Center is offering a barbecue from 6 to 8 p.m. July 13 at Lions Park (adjacent to the Freedom Chapel) for all spouses of deployed military members. Food will be provided, but side dishes are welcome. The event will allow spouses of deployed personnel to network with each other and provide a day of fun for the families. Reservations are needed by 4:30 p.m. July 10 for a food headcount. For further information or to participate contact Tech. Sgt. Daniel Krautheim at 3-3722.

EFMP/SNIAC walk-in cancellation

There will be no Exceptional Family Member Program/Special Needs Identification and Assignment Coordination walk-in hours today. Walk-in hours are usually every Tuesday and Thursday morning from 8 to 10:30 a.m. Contact Anna Barton at 2-5967 for more information.

Retirement ceremony Friday

There will be a retirement ceremony for Maj. James Bonson at 3 p.m. Friday at the 322nd Basic Military Training Squadron, Building 9110, the Heritage Room overhang. Everyone is invited. A reception will follow in the Reid Clinic immunizations bay. Call Capt Hinckley at 2-4067/2528 for more information.

Hypertension education class Monday

The next HTN Education Class is scheduled for 1 p.m. Monday in the Internal Medicine Clinic. The class is open to all beneficiaries and family members interested in learning more about hypertension. Participants should report to the Internal Medicine/Star Clinic lobby at 12:45 p.m. Call Carolyn Harris at 2-3866 for more information.

Birthday celebration

The next birthday celebration will be held July 12 at the Live Oak Inn, Bldg 10810. The dinner will honor permanent party E-4s and below during their birthday month. The celebration will have entertainment and a magnificent multi-course dinner, which will feature main entrees of steak, chicken teriyaki, or pasta with marinara sauce. The evening's festivities will begin promptly at 7 p.m.. The meal charge is in accordance with current reimbursement rates. Enlisted personnel on Subsistence in Kind (SIK) - no charge, Military personnel on Basic Allowance for Subsistence (BAS) - \$3.50, dependents of E1 through E4 birthday celebrants - \$3, civilian guests of birthday celebrants - \$3.50. Please make your unit reservations by July 10. Email your organization's reservations, including choice of individual entrée to Sylvia Terrell@lackland.af.mil. Guests must be 12 years or older, as the function is not designed for younger individuals. If you have any questions concerning this event, contact Allen Tharp and Associates at 3-2009.

Retirement ceremony held July 14

A retirement ceremony will be held for Maj. Wanda Spillers at 2 p.m. July 14 in the Freedom Chapel. Contact Capt. Troy Litsinberger at 2-3041 for more information.

Retirement ceremony held July 17

A retirement ceremony honoring Col. Edmund S. Sabanegh Jr. will be held at 3 p.m. July 17 in the Wilford Hall auditorium. Reception will immediately follow in Room BC-25. Please contact Nancy

Williams-Sykes at 2-6002 for more information or to RSVP.

Medical Service Awards Ceremony held July 19

The 59th Medical Wing will hold the 2005 Air Education and Training Command Air Force Medical Service Awards Ceremony at 10 a.m. July 19 in the hospital auditorium. Please come out and show your support for the 59th MDW's finest! Contact Tech. Sgt. Heather Lisenbee at 2-7015 for more information.

Basic EKG Course offered Aug. 1

The 59th Training Squadron Professional Development Office will be offering a Basic Electrocardiogram Course Aug. 1. This is an eight-hour course providing continuing education credits. The class will be held in Wilford Hall Medical Center Room 4B69. Sign in will begin at 7:45 a.m. and class will start promptly at 8 a.m. Those interested in attending should call the Life Support Office between 7:30 a.m. and 4:30 p.m. at 2-7020/7996/6945 to reserve a seat.

Top III community initiative

The Team Lackland Top III is sponsoring a community initiative to collect school supplies for children under the care of the San Antonio Child Protective Services Agency. These children live each day with the reality that their parents can't or won't provide for them. Many will for the first time have the shoes, school uniforms, backpacks and supplies they need for going back to school this fall with the help of this drive. To donate call Master Sgt. Kimberly Spencer at 2-7669. Participants can donate funds or the following items: backpacks, spiral notebooks, 3-ring binders, loose leaf paper, rulers, pens, colored pencils, washable markers, calculators, erasers, construction paper, scissors (blunt are best), dividers, folders and highlighters. The drive ends July 21.

Our Part of Town Talent Show to be held

Active duty military personnel are invited to audition for the Our Part of Town Talent Show in a category that acknowledges San Antonio as a military town that supports our troops. Prizes include \$1,000, recording studio time, professional photographs and a trophy. For more information about auditions and times call 207-3137 or visit the Web site at: www.sanantonio.gov/sapar/ourpartmilitary06.asp.

Youth Soccer registration ongoing

Lackland Youth Soccer registration is now through July 21. The program is open to youths ages 5 to 17 years old whose parents are DOD eligible. All participants must have a sports physical and shot record on file. Registrations will be taken at Lackland Youth Center Bldg. 8205 Monday through Friday from 6:30 a.m. to 6 p.m. Cost is \$45 per youth. Practices begin Aug. 14. The season will begin with an opening ceremony Sept. 9. All games and practices are at the Lackland Warhawk Soccer Field.

Youth Cheerleading Camp offered

The Lackland Youth Programs will be hosting a cheerleading camp July 31 to Aug. 4. The program will be geared for youth ages 6 to 18 with instruction, demonstrations and practice exercises using cheerleading skills such as teamwork, safety, exercise, cheers, chants, dances, stunts and choreography techniques. Registration fee is \$10 and will begin on July 10 with limited spaces available. Participants must have a current physical on file at the Youth Center or present one at the time of registration. For more information call 3-2510 or 3-2388.

Flag football registration upcoming

Flag football registrations will be held now through July 31 at the Lackland Youth Center. Youths ages 5 to 10 years old may register. All participants must have a physical and shot record on file.

Practices will begin Aug. 1. The season starts Sept. 9 and runs through Nov. 11. Games will be played against teams from Lackland, Randolph and Brooks City Base. Most games will be played on Saturday. There may be an occasional weekday game depending on the location. Volunteers are needed for field maintenance. Coaches are required to undergo a background check and attend Coaches Certification Training. Coaches Training will be held July 19 and 26 at the Lackland Youth Center. For more information call 671-2510.

Da Vinci bible study now ongoing

The "Decoding Da Vinci: Discovering The Truth!" bible study, led by Chaplain (Lt. Col.) David Wilshek, will run from noon to 1 p.m. every Monday now through Sept. 11 in the Chapel Conference Room (BE40). Materials will be provided by the chapel. Everyone is invited to bring their lunch. Format will be informal with discussion. Call 2-7373 for more information.

JEAP picnic

Mark your calendars. The Team Lackland Top III will be hosting the 6th Annual Junior Enlisted Appreciation Picnic from 11 a.m. to 2 p.m. Aug. 4 at Stillman Park. There will be food, fun, games, prizes and more. For more information, contact Master Sgt. Max Park at 3-3627 and Master Sgt. Patrick Johnson at 3-3240.

Summer Reading Program

The Lackland Library will again be sponsoring a summer reading program. This year's program is titled "Dragons, Dreams and Daring Deeds" for younger children and the "Joust Read" for older ones. The program runs now through July 28. For more information, or for story times call 3-2678.

Travel books help vacation planning

The Main Base Library offers many new travel books to help with summer travel planning. Books from Disney World to China and every place in between can be found on a special spinner display as well as in the McNaughton collection. For more information call 3-2678.

Comics come out to perform

The "Comics on Duty" tour will be bringing their act to Lackland Air Force Base July 21. Comics will perform at 7:30 p.m. at the You Be Yourself Snak Shak and 10:30 at the Gateway Club. Performing will be Steve Bills, Scott Henry, Robert Hawkins and Danny Villalpando. All ranks are welcome. Material is intended for a mature audience.